Mild traumatic brain injury guidelines

- Characteristics of traumatic brain injury-related healthcare visits across social determinants of health: A population-based birth cohort study
- Pain Management in Mild Traumatic Brain Injury: Central Sensitization as a Multispecialty Challenge
- Factors affecting mortality risk in pediatric head injuries in Africa: a meta-analysis
- Mild and moderate traumatic brain injury: Screening, documentation and referral to concussion services
- Clinical Assessment on Days 1-14 for the Characterization of Traumatic Brain Injury: Recommendations from the 2024 NINDS Traumatic Brain Injury Classification and Nomenclature Initiative Clinical/Symptoms Working Group
- Genome-wide analysis of lncRNA m6A methylation in the mouse cortex after repetitive mild traumatic brain injury
- Dietary supplementation roles in concussion management: A systematic review
- Early Venous Thromboembolism Prophylaxis in Brain Injury Guidelines 1 and Brain Injury Guidelines 2 Traumatic Brain Injury Patients: A 5-Year Analysis

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https://braintrauma.org/concussion/guidelines-current

Management in Europe

Foks et al. aimed to study variability between management policies for traumatic brain injury (TBI) patients at the Emergency department (ED) and hospital ward across Europe. Centers participating in the Collaborative European NeuroTrauma Effectiveness Research in Traumatic Brain Injury (CENTER-TBI) study received questionnaires about different phases of TBI care. These questionnaires included 71 questions about TBI management at the ED and at the hospital ward.

They found differences in how centers defined mTBI. For example, 40 centers (59%) defined mTBI as a Glasgow Coma Scale (GCS) score between 13-15 and 26 (38%) as a GCS score between 14-15. At the ED various guidelines for the use of head CT in mTBI patients were used; 32 centers (49%) used national guidelines, 10 centers (15%) local guidelines and 14 centers (21%) used no guidelines at all. Also, differences in indication for admission between centers were found. After ED discharge, 7 centers (10%) scheduled a routine follow-up appointment, while 38 (54%) did so only afterward admission. In conclusion, large between-center variation exists in policies for diagnostics, admission, and discharge decisions in patients with mTBI at the ED and in the hospital. Guidelines are not always operational in centers and reported policies systematically diverge from what is recommended in those guidelines. The results of this study may be useful in the understanding of mTBI care in Europe and show the need for further studies on the effectiveness of different policies on the outcome [1)].

1)

Foks KA, Cnossen MC, Dippel DW, Maas A, Menon D, van der Naalt J, Steyerberg EW, Lingsma H, Polinder S. Management of mild traumatic brain injury at the emergency department and hospital admission in Europe: A survey of 71 neurotrauma centers participating in the CENTER-TBI study. J Neurotrauma. 2017 Apr 11. doi: 10.1089/neu.2016.4919. [Epub ahead of print] PubMed PMID:

28398105.